

FLINT-GOODRIDGE HOSPITAL  
AND  
NEGRO HEALTH IN NEW ORLEANS

ANNUAL REPORT  
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THE FLINT-GOODRIDGE HOSPITAL  
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In the following pages there is given an account of the Flint-Goodridge Hospital from its founding in 1932. The current year is included. In making this report certain general considerations are mentioned to give background to the details of the picture of the work of the Hospital. Plans for the future of the Hospital conclude the report.

THE NEED IN NEW ORLEANS

The death rate of Negroes in New Orleans is the highest of the major cities in the South. The comparison of white and Negro tables for five cities brings out interesting figures.

	1920		1930		1935	
	White	Negro	White	Negro	White	Negro
Atlanta	14.6	22.8	11.6	23.2	11.9	21.0
Birmingham	12.3	22.6	10.0	19.3	9.6	15.0
Louisville	13.6	21.9	12.6	23.2	11.1	19.2
Memphis	15.6	26.8	13.5	23.3	14.0	19.8
New Orleans	14.5	26.2	14.4	25.0	13.8	22.9

The Hospital has an Active Staff of 27 Negro physicians, but of these only 10 have had internships.

With the need of further training for physicians and the limited work in Negro health, evidenced by the mortality tables, Flint-Goodridge has a unique position even if it has only 88 beds and an out-patient clinic with a probable capacity of 25,000 visits per year. There are 149,000 Negroes in New Orleans out of a total population of 458,762.

MEDICAL STAFF

In the planning of the new hospital, it was realized that the Negro physicians needed association with well trained and experienced



clinicians so that they might further develop themselves in order to be of greater usefulness to their patients. This association they had not heretofore generally had. A Medical Advisory Board was appointed by the Trustees of the University to advise with regard to the medical policy of the hospital. This Board was originally composed of Dr. C. Jeff Miller, Chairman, Dr. I. I. Lemann, Dr. Joseph Hume, Dr. Henry Daspit, all prominent teachers and physicians of national standing, and Dr. B. C. MacLean, Superintendent of Touro Infirmary. In 1933 we lost Dr. Daspit by death, and he was succeeded by Dr. L. T. Burbridge, one of the older and more highly respected of the Negro physicians. In 1935 we lost Dr. MacLean who left New Orleans to become Director of Strong Memorial Hospital, Rochester, New York. He was succeeded by Dr. A. J. Hockett, who took his place as Superintendent of Touro.

This Medical Advisory Board recommended the division of the medical services into nine branches and the appointment of a Senior and a Junior Consultant for each service. In reality these men have served as Chiefs of their various departments. The Senior Consultants are well established men, all of whom are teachers in the Tulane or Louisiana State University Medical Schools and head services in other hospitals in the city. They control the policy of their respective departments and visit the hospital frequently. The Junior Consultants are younger men who are associated with their Seniors in their teaching and in the work in the other hospitals. These Junior Consultants attend each meeting of their clinics (three times per week), supervise the work of the Negro physicians and assume charge of the treatment of free patients admitted to their respective services in the wards. Each department has a weekly staff meeting, which in reality is a class in



which the Junior Consultant assumes the role of instructor to the associated Negro physicians of the clinics who form the Active Staff. The Junior Consultants are paid a small stipend which has been made possible heretofore first by the Julius Rosenwald Fund and later by the General Education Board. Beginning with October, 1935, these stipends are carried in the University budget.

In the beginning there was the usual fear and suspicion that might well be expected on the part of the Negro physicians, and the timidity with which the Junior Consultants began an experience wholly new to them. During these four years the colored and white physicians have worked together in such manner as to make it difficult for one to tell the difference between them when seen in a clinic, on a ward or in a staff meeting, except by the color of their skins.

Along with this confidence in one another, the colored physicians are more and more recognizing the tremendous benefits which they are getting; they are ever eager to take advantage of every opportunity to further develop themselves and the hospital. Of course, it is quite obvious that this plan has not only helped the Negro physicians; it has helped the Junior Consultants professionally also. But more than that, it has been an outstanding realization to them, and to the community, that it is not only possible but desirable that the two groups should work together - this has been the significant result of the plan. It has given the white physicians a personal contact with and appreciation of competent Negro practitioners, and it has given the Negro physicians ease in working with white physicians and a greater professional prestige.



The variety and number of cases in the hospital wards for clinical study will be seen from the following table:

	<u>FREE PATIENTS</u>				
	<u>1932</u>	<u>1933</u>	<u>1934</u>	<u>1935</u>	<u>Total</u>
Medicine	39	49	29	55	172
Surgery	91	98	91	101	381
Pediatrics	40	60	74	95	269
Gynecology and Obstetrics	96	100	141	223	560
Urology	9	10	16	13	48
Ear, Nose, Throat	73	107	82	81	343
Eye	5	6	9	14	34
Total	<u>353</u>	<u>430</u>	<u>442</u>	<u>582</u>	<u>1,807</u>

All the Negro physicians were appointed to the same rank in the beginning. Starting in 1935, the staff has been given varying status. The plan provides for the retirement in time of the Junior Consultants as members of the Active Staff develop to the point where they can qualify as Chiefs.

In addition to the instruction and experience available under our present plan of staff organization, we have found that it will be necessary for some of our Active Staff members to go away for concentrated study if they are to develop their abilities to the point where they can head departments. Toward this end we were able to secure a fellowship from the Julius Rosenwald Fund in 1935 for Dr. L. W. Horton of the Departments of Eye and Ear, Nose and Throat to do a year's study in London and Vienna. It is our hope that each year we shall be able to provide for one of our younger men a fellowship for study.

In one department of the Staff the organization has been different, because from the beginning it was recognized that there was among the Active Staff a Surgeon qualified to serve as Chief of the Surgical Department. In this department there is no Junior Consultant. The white Consultant for the department is a consultant in the true sense of the title. He functions only when invited in for consultation.



NURSING SCHOOL

In June, 1934 we closed the School of Nursing, primarily because we were financially unable to support the type of nursing education which we know to be greatly needed. During our first three years, we graduated nurses as follows:

1932	16
1933	13
1934	<u>10</u>
Total	39

We have not lessened our interests in the development of nurses. In the fall of 1934 we secured the cooperation of the Julius Rosenwald Fund and the National Association of Colored Graduate Nurses in conducting a Regional Nursing Conference. Approximately one hundred nurses from eight states attended the three day session. Prominent persons in the fields of health, social work and education from all sections of the South appeared on the program.

At present there is great need for public health nurses and some types of institutional nurses, particularly those who can fill supervisory positions. We have ample quarters in the Nurses Home for students and sufficient connections with health and social service agencies in New Orleans to conduct a School of Nursing of the highest order, provided we can find the means with which to increase our hospital occupancy to the required minimum daily average of fifty patients and the necessary teaching staff.

TRAINING OTHER HOSPITAL PERSONNEL

When we opened the new hospital, we had great difficulty in finding a qualified dietitian. There were three or four Negro hospital dietitians in the country, but they were all well employed. We finally took a young woman who had the academic background, and Touro accepted



her for the practical training. Recently, we have begun to take dietetic internes. The first woman whom we trained is now employed as the dietitian in Lincoln Hospital, Durham, North Carolina. We have at the present time another student in the Hospital.

We have been requested by the National Association of Hospital Record Librarians to establish a brief course for Medical Record Librarians. There have been several requests from persons wanting to take courses in Laboratory and X-ray technique. We could well afford to develop each of these courses to prepare persons for work particularly in the smaller hospitals in the South.

The last superintendent to take charge of one of the major Negro hospitals was sent here by the Julius Rosenwald Fund for a month's observation before going into **his** new position.

#### HOSPITAL RATINGS

The work of the hospital is subject to annual inspection by various accrediting agencies. The American College of Surgeons has placed Flint-Goodridge Hospital on its "Fully Approved List" each year. Their approval is concerned with every aspect of hospital procedure as it pertains to the care of patients.

The Council on Medical Education and Hospital Licensure of the American Medical Association has inspected and approved the Hospital for each year on "its ability to train internes". This means that men being graduated from Medical Schools that require the fifth year before the degree of Doctor of Medicine is conferred can comply with the requirement by serving an internship at Flint-Goodridge Hospital.

#### POPULAR HEALTH EDUCATION

Upon reviewing the many health problems affecting Negroes in New Orleans, there appear two major problems about which, with our present



facilities, we can do something tangible:

1. The maternal and infant death rates in New Orleans are among the very highest in the country.

MATERNAL DEATH RATES

(Per 1,000 Livebirths)

	New Orleans			United States		
	1925	1930	1934	1925	1930	1934
White	11.7	10.2	9.4	6.0	6.1	5.4
Colored	15.8	13.5	14.5	11.6	11.7	9.0
Total	13.0	11.3	11.4	6.5	6.7	5.9

INFANT DEATH RATES

(Per 1,000 Livebirths)

	New Orleans			United States		
	1925	1930	1934	1925	1930	1934
White	79.1	71.1	69.0	68.3	59.6	54.5
Colored	153.2	119.0	116.2	110.8	102.4	94.4
Total	102.6	87.3	87.8	71.7	64.6	59.9

2. The prevalence of the venereal diseases presents a problem of unusual proportions. Upon comparing a study made in New Orleans by the American Social Hygiene Association in 1931 with studies made by the same society in some twenty-five other cities covering approximately twenty percent of the American population, these interesting facts are revealed:

REPORTED INCIDENCE OF SYPHILIS

Negro rate in United States	11.0 per thousand
Negro rate in New Orleans	19.7 per thousand
White rate in United States	7.9 per thousand
White rate in New Orleans	9.9 per thousand

To anyone who has come closely in contact with men, women and children suffering from syphilis and gonorrhea, the individual and family disasters associated with these diseases need no further emphasis.

3. There is still a third major problem about which, with our present facilities, we are able to do very little. This is the problem of tuberculosis.



We have nearly completed a plan for the establishment of a chest clinic, which will be the beginning of a planned effort to treat ambulant tuberculosis cases. There will certainly arise an urgent need for a limited amount of hospitalization of these patients, for which we need to provide a minimum of two beds.

THE APPROACH TO THE MATERNITY PROBLEM

For the first six months of 1932, only fourteen babies were born in Flint-Goodridge Hospital. To determine where babies were being born, we secured from the Board of Health the place of birth of all babies from January through June of 1932. This information revealed that twenty-five percent of all Negro babies were being delivered by midwives and that midwives were delivering ten times as many babies as the Negro doctors. We felt that the high mortality rates might be influenced by the lack of the presence of physicians during childbirth and accordingly assumed as a part of our responsibility to the community the matter of educating Negro women as to the necessity of proper medical care during childbirth.

In order to demonstrate the effectiveness of educational work in this field, we secured from Mr. and Mrs. Edgar B. Stern the salary of a Social Worker for a limited period. Furthermore, we reduced our rates to compare with those charged by midwives. This Social Worker has been on our Staff since 1933. It is her responsibility to organize "Mothers Clubs" in various sections of the city, to teach the clinical obstetrical registrants to keep their clinical appointments and to see to it that every baby born on the hospital wards returns to the "Well Baby Clinic" once a month for one year for general observation and for instruction to the mother as to the proper care of her child. A recent survey indicated that approximately 72% of the babies of free patients return to the clinic for this service. The Mothers Clubs meet twice per month.



The Social Worker usually meets with them. They are taught to make baby clothing, to embroider, to do basket weaving and hand painting. For the past two years the clubs have been conducting garden contests. At one meeting each month a speaker is arranged for by the Social Worker, usually a staff doctor, a hospital nurse, and occasionally the hospital dietitian talks with a club about the proper preparation of wholesome but inexpensive foods.

As a result of this activity the number of hospital births continues to make a striking increase as indicated by the following table:

	<u>1932</u>	<u>1933</u>	<u>1934</u>	<u>1935</u>
Births	63	109	177	224

There is indication that the next step should be to establish a "Home Delivery Service", making normal deliveries at home, where the home conditions warrant, as a matter of keeping hospital expenses at a minimum and of freeing the hospital space for abnormal cases. The hospital is now doing the abnormal deliveries for the Child Welfare Association and Touro Infirmary home delivery services, which is quite a necessary service, but from which we derive no revenue.

#### THE APPROACH TO THE SYPHILIS PROBLEM

To impress upon the individual the facts concerning the dangers of communicable diseases like syphilis and gonorrhea, to persuade him to avoid exposure to infection or if he thinks he may be infected, to place himself voluntarily under the care of a qualified practitioner and at the same time protect his family and his associates from being infected is a considerable part of the task of ridding the community of these diseases. How best to transmit the necessary facts to large



numbers clearly and effectively, especially to persons with only elementary knowledge and uncritical attitudes regarding health generally, is a very knotty problem.

During the 1931 study of the American Social Hygiene Association in New Orleans, an inquiry among men in the city revealed that at least 80% of the colored men infected attempted either self treatment or were treated over the drug store counter before going to a doctor or clinic for treatment. In order that we might in the simplest terms convey to the community the importance of protection against infection, early diagnosis, and adequate treatment, Flint-Goodridge Hospital in the fall of 1933 secured the cooperation of the American Social Hygiene Association who assigned to us a Negro member of their staff for six weeks. The United States Public Health Service also assigned to us a Negro member of its staff for six weeks.

The two men assigned to us along with the Executive Committee of the New Orleans Social Hygiene Committee and the Hospital formulated a six weeks' program which included lectures on social hygiene, sex education and venereal disease control. These lectures were presented in schools and colleges, to faculty groups, to students above high school grade and to Parent Teacher Associations. In addition fourteen moving picture showings were made in the evenings to adults in the city school buildings. A night institute for Social Workers and Public Health Nurses was conducted and also a Social Hygiene Training School for prospective lecturers. Various ministerial groups were consulted with a view toward their encouraging proper medical examination or treatment prior to marriage. Lectures on the significance and control of venereal diseases were given to employees in many industrial plants. During the



six weeks' program, there was a total of ninety-nine meetings, the attendance at which was approximately 11,000.

As a procedure for sustained effort in venereal disease treatment and control, the Hospital has continued to arrange for lectures to school groups, Mothers Clubs and industrial employees. At the same time, we have set up in the Department of Medicine a special syphilis therapy clinic. Patients entering the clinics are given the Wasserman and Hinton blood tests. If there is any indication of syphilis, the person is immediately referred to this syphilis clinic which for all general purposes is known as Medicine B Clinic. All registrants to this clinic are interviewed by the Social Worker, and an immediate effort is made to bring in for examination and treatment if indicated all members of the patient's family. It would be futile to attempt the treatment of one patient in a family without treating the other members who are already infected and protecting those who are not yet infected.

This Medicine B Clinic was organized in the spring of 1934. Toward the end of that year, we found that there were a number of persons who needed treatment for syphilis but whose earnings were too small to enable them to receive treatment from a private physician. To accommodate this type of patient, we established toward the end of 1934 a night clinic which meets on Monday and Thursday nights and is directed in the same manner as the other clinics. The attendance in this special clinic has constantly increased, as will be shown by the following tables:

MEDICINE B DAY

	<u>1934</u>	<u>1935</u>
Number Patients	562	1,091
Number Visits	2,042	3,135



	<u>MEDICINE B NIGHT</u>		
Number Patients	<u>1934</u> 83	<u>1935</u> 302	
Number Visits	251	909	
	<u>TOTAL MEDICINE B</u>		
Number Patients	<u>1934</u> 645	<u>1935</u> 1,393	<u>Total</u> 2,038
Number Visits	2,293	4,044	6,337

OTHER POPULAR HEALTH EDUCATION

Aside from these attacks on specific problems, many special efforts have been made to create an interest in general health information. The most important of these has been the annual National Negro Health Week conducted during April. A summary of one of these observances reveals that during the week approximately 100 health sermons were preached in churches, 70 lectures were delivered in schools and public meetings to audiences estimated 14,000, a radio address, the showing of health moving pictures to 3,000 school children, 116 health exhibits visited by 2,600, 120 pageants and plays with an attendance of 13,000, a Health Parade Contest between the elementary schools, an Essay Contest in the High Schools, the distribution of 15,000 pieces of health literature and the conducting of extra clinics at the Hospital.

During each summer, Flint-Goodridge Hospital has been cooperating with a summer playground program, sponsored by the Council of Social Agencies, by supplying physicians and nurses to speak to the children. The boys have found the doctors' talks to be very interesting and helpful. During the summer of 1935 a motor corps of women was organized to bring girls in their teens from the playgrounds to the Hospital where nurses lectured to them and gave demonstrations on the fundamentals of personal hygiene.

Diphtheria toxin was administered in 1935 to 1,508 children whose parents were unable to pay.



One thousand one hundred fifty-two FERA workers were examined in a special clinic to determine their ability to work on relief projects.

Realizing the effect of housing upon health, Flint-Goodridge Hospital initiated the effort to secure a Federal Slum Clearance Project for the Negroes of New Orleans. It would contribute greatly to the reduction of sickness and death in this community if this project should materialize.

All of these activities are reflected to some extent in the growth of the clinic which is almost three times as large in 1935 as it was in 1932:

	<u>1932 (1)</u>	<u>1933</u>	<u>1934</u>	<u>1935</u>
New Patients Admitted to Each Clinic				
Medicine	419	530	543	562
Surgery	356	551	526	603
Pediatrics	340	576	484	483
Gynecology & Obstetrics	278	344	423	413
Urology	114	157	126	102
Ear, Nose, Throat	249	334	276	271
Eye	102	139	119	113
Health Week	-	369	331	105
Total	<u>1,858</u>	<u>3,000</u>	<u>2,628</u>	<u>2,652 (2)</u>
Total Visits to Each Clinic				
Medicine	2,035	3,859	5,542	7,664
Surgery	1,253	2,613	2,657	3,156
Pediatrics	1,242	3,507	2,784	2,635
Gynecology & Obstetrics	803	1,576	2,230	2,563
Urology	1,130	2,233	2,109	2,019
Ear, Nose, Throat	925	1,473	1,476	1,742
Eye	402	845	1,056	1,200
Health Week	-	369	331	105
Total	<u>7,790</u>	<u>16,475</u>	<u>18,185</u>	<u>21,084 (2)</u>
Free and Pay Visits				
Free Visits	3,226	10,789	11,833	17,099
Pay Visits	<u>4,564</u>	<u>5,686</u>	<u>6,352</u>	<u>3,985</u>
Total	<u>7,790</u>	<u>16,475</u>	<u>18,185</u>	<u>21,084</u>
Percent Free	41.4	65.5	65.1	81

(1) The hospital operated only eleven months in 1932.

(2) Does not include 1,508 diphtheria immunizations and 1,152 ERA clients examined in special clinic.



SOCIAL SERVICE

It is good social administration and good business to know that persons admitted to free beds are really unable to pay for services. To accomplish this aim, no persons are admitted to a free bed or permitted to pay less than the established rate unless they are approved by the Social Service Department, except in the case of emergencies when a patient may be admitted first and investigated later.

With many free hospital patients and with almost all clinic patients, doctors' instructions mean very little if they are not given very simply and fully. This the physician frequently does not have the time to do. For a physician to say to a diabetic patient that he must eat meat in a certain quantity, bread in a certain quantity, etc., may mean very little to the patient. Such a patient is referred to the Social Service Department where he or she is given wooden blocks and other measures indicating the size of the portions of the various foods prescribed for him. Special attention must be given to the school child who needs his tonsils removed, but whose mother is mortally afraid of operations, and to the neurotic syphilitic whose condition is a disaster to his family but who understands very little about this fact.

Social Case work is one of the great needs of our clinic and ward clientele. During 1935 we have been able to add to our staff as Director of Social Service a young woman who has had an excellent background in social work and who this year studied for three months in the Washington University Clinics in St. Louis in the Eye and Syphilis Clinics. This study was partly made possible by a fellowship grant from the National Society for the Prevention of Blindness.



The following tabulation will illustrate the volume of work done by the social workers.

	<u>1934</u>	<u>1935</u>	<u>Totals</u>
Total Cases Handled	2,303	2,871	5,174
Investigated for Free and Part Pay Beds	695	820	1,515
Other Visits for Interpretation	168	237	405
Follow-up and Interpretation by Letter	557	1,285	1,842

One of the outstanding needs of the hospital is a full time person to admit patients to the clinic and to the hospital. It is very important to handle with sympathetic understanding persons coming into the clinic and into the hospital, even private pay patients. If we could employ a woman who has had a combined background in Social Service and Nursing to admit patients, we would greatly improve our service.

#### WOMAN'S AUXILIARY

As a means of helping the hospital to interpret its program and interests to the community, and as an additional means of creating good will, we have organized a Woman's Auxiliary which has a membership of about two hundred women representing all classes of community life. The membership is divided into four groups - sewing, educational, social service and beautification of lawn and building. Each year this group gives a public tea in the Nurses Home on the Sunday nearest the anniversary of the opening of the new hospital. They sponsor open house on National Hospital Day, sponsor and finance special efforts like Christmas parties for clinic children and arrange for the observance of all seasonal occasions like Thanksgiving, Easter, etc. The Auxiliary has been of direct help in equipment, gifts to patients through the Social Service Department and in the maintenance of the hospital lawn. During 1935 they contributed beautiful curtains, bed spreads, dresser scarfs and bed



lamps for each of the private and semi-private rooms. Two hundred women talking about the good work of Flint-Goodridge Hospital is a tremendous asset.

# PRIVATE PATIENTS

The financial plan of Flint-Goodridge Hospital was built around the assumption that in our 88 bed hospital 20% of the patients admitted would be free; that we would always average an occupancy of 70%; that the earnings from such an occupancy plus the contributions from the New Orleans Community Chest and the University would enable the hospital to manage its affairs without a deficit. From the following tabulation we can see that we have fallen a good deal short of the total occupancy:

	<u>1932</u> (1)	<u>1933</u>	<u>1934</u>	<u>1935</u>	<u>Total</u>
<u>Patients Admitted</u>					
Compensation	220	197	180	200	797
Other Full Pay	226	225	275	319	1,045
Part Pay	115	180	201	212	708
Newly Born	63	97	172	212	544
Free	353	430	442	582	1,807
Total	977	1,129	1,270	1,525	4,901
<u>Days of Care Given</u>					
Compensation	2,269	2,087	1,888	1,744	7,988
Other Full Pay	1,554	1,665	1,909	2,322	7,450
Part Pay	1,371	1,971	1,962	1,470	6,774
Newly Born	606	847	1,396	1,467	4,316
Free	3,888	5,065	5,183	5,953	20,089
Total	9,688	11,635	12,338	12,956	46,617
Average Total Occupancy	32.8%	35.9%	38.4%	40.5%	36.9%
Average Free Occupancy(2)	45.6%	50.8%	52.5%	58.8%	51.9%

(1) The hospital operated only eleven months in 1932.

(2) Includes newly borns, for whom no charges are made.

There has been a constant increase in Full Pay and Part Pay patients. The great disappointment has been in the small amount of Workmen's Compensation Cases. This was the real backbone of the old



hospital and was the prime basis on which the expected private work of the new hospital was computed. We have recently secured from the Secretary of State a list of the Insurance Companies doing compensation business in New Orleans, and we have found from checking over this list that all of the companies covering Negroes have done business with us. The small quantity of compensation work which we have done is due directly to the great reductions in the employment of Negroes in industry.

The private accommodations of the hospital have done two things. The relatively few persons able to pay for private services have found accommodations here comparable to the best, and the Negro physicians have had an opportunity to use the very best equipment in the treatment of their private patients.

#### GROUP HOSPITALIZATION

There are many persons who, while not able under ordinary circumstances to pay sickness bills, could and would pay small sums periodically under group insurance if they could be assured that their sickness bills could thereby be provided for. Group hospitalization plans, properly developed in New Orleans, will enable many persons now receiving free care to pay for their services without hardship to themselves.

For three years we have been experimenting with a few groups having relatively small numbers. In December, 1935 we had a total of twenty-one groups with a total membership of approximately 600. Even with such a small number of contract holders as this, the hospital has not lost any money. On the other hand, we have very definitely increased our occupancy.



A non-profit cooperative insurance plan to protect people of moderate means against the financial hazards of illness seems to be an absolute necessity in New Orleans, unless we plan to assume a much greater responsibility for subsidy of free beds. Such a cooperative plan could be developed to include the services of physicians as well as the services of the hospital for a rather small fee if sufficient membership could be secured. Such a plan would be attractive to thousands of Negroes in New Orleans, because for years there have been hundreds of efforts to partially accomplish these aims. The economics of a properly developed cooperative health service is sound. By this method Flint-Goodridge Hospital would be able to serve large numbers of persons and at the same time make itself more nearly self-supporting.

#### FINANCES

The financial statement which follows this page shows that we closed 1935 with an operating gain of 78%. This indicates the effort to which the administrative officers have gone to operate the hospital within the funds available.

The increase in expenditures is due very largely to five items:

1. Nursing - We have shifted from an almost entire student nursing service in 1932 to an entire graduate staff in 1935.
2. Dietary - We learned to economize and cut down the food cost markedly after 1932, but in 1935 we increased the dietary cost due to an average increase of about 35% in raw food cost.
3. Pharmacy - During 1935 we filled large quantities of FERA prescriptions for which we were paid. This increase in expenses is balanced by the earnings of the pharmacy.
4. Housekeeping - The major increase is due to purchases of linens at increased prices to replenish original supply on hand at the opening of the hospital.
5. Hospital Supplies - This increase is due very largely to the fact that we are just beginning to replace in quantities the original supplies purchased; also the tremendous increase in cost of cotton goods and general hospital supplies.



EARNINGS, CONTRIBUTIONS, EXPENSES

Comparative Four Year Statement

	<u>1932 (1)</u>	<u>1933</u>	<u>1934</u>	<u>1935</u>
<u>EARNINGS</u>				
Day Charges:				
Compensation	\$ 6,223.85	\$ 6,211.80	\$ 5,648.27	\$ 4,647.89
Other Full Pay	5,008.07	5,165.12	6,010.09	7,838.50
Part Pay	3,400.19	4,138.60	3,617.69	2,721.05
Operating - Delivery Rooms	3,065.00	3,018.50	3,621.20	3,432.75
Laboratory	2,435.45	1,764.60	1,738.50	1,794.35
Pharmacy	2,042.08	2,170.12	2,440.07	4,874.64
X-Ray	2,450.25	2,133.27	1,874.96	1,943.45
Clinic - Emergency	1,668.64	2,049.42	2,262.74	1,830.53
Sundries	649.43	905.80	1,139.59	3,233.42
Total	<u>\$26,942.96</u>	<u>\$27,557.23</u>	<u>\$28,353.11</u>	<u>\$32,316.58</u>
<u>CONTRIBUTIONS</u>				
University & Church Boards	\$13,400.00	\$14,650.00	\$16,220.00	\$15,879.86
Community Chest	2,814.00	2,342.52	3,982.77	6,000.00
Sundries	-	270.00	1,049.04	1,212.42
Total	<u>\$16,214.00</u>	<u>\$17,262.52</u>	<u>\$21,251.81</u>	<u>\$23,092.28</u>
<u>EXPENSES</u>				
Administration	\$ 8,051.89	\$ 7,406.24	\$ 7,901.75	\$ 7,324.93
Medical Services - Records	2,552.80	1,976.22	1,987.34	1,450.19
Nursing	5,614.55	5,661.46	7,202.74	8,575.35
Dietary	9,169.46	7,990.14	7,900.71	9,303.83
Operating - Delivery Room	1,916.92	1,778.86	1,594.32	1,412.44
Clinic - Emergency	303.57	455.61	836.01	968.05
Social Service	1,191.33	1,585.75	2,158.80	2,477.21
Laboratory	1,025.52	936.62	1,033.75	1,160.85
Pharmacy	2,870.03	1,578.79	1,934.98	4,023.55
X-Ray	1,278.61	1,082.14	930.85	1,044.58
Housekeeping	2,893.94	2,856.80	2,755.88	3,851.73
Maintenance and Repair	683.15	874.76	1,068.89	1,126.89
Heat - Light - Power	8,813.18	8,964.19	8,687.77	8,425.14
Laundry	2,005.89	2,112.73	1,845.40	1,519.22
Hospital Supplies	904.66	633.87	589.58	1,770.54
Insurance	787.61	364.61	858.64	973.58
Total	<u>\$50,063.11</u>	<u>\$46,258.79</u>	<u>\$49,287.41</u>	<u>\$55,408.08</u>

(1) The hospital operated for 11 months in 1932.



EARNINGS, CONTRIBUTIONS, EXPENSES

Comparative Four Year Statement

	<u>1932</u>	<u>1933</u>	<u>1934</u>	<u>1935</u>
<u>SUMMARY</u>				
Earnings	\$26,942.96	\$27,557.23	\$28,353.11	\$32,316.58
Contributions	<u>16,214.00</u>	<u>17,262.52</u>	<u>21,251.81</u>	<u>23,092.28</u>
	\$43,156.96	\$44,819.75	\$49,604.92	\$55,408.86
Expenses	\$50,063.11	\$46,258.79	\$49,287.41	\$55,408.08
Operating Loss	\$ 6,906.15	\$ 1,439.04		
Operating Gain			\$ 317.51	\$ .78
Uncollectable & Doubtful Accounts (2)		\$ 1,803.71	\$ 2,904.79	\$ 2,898.86
Net Loss	\$ 6,906.15	\$ 3,242.75	\$ 2,587.28	\$ 2,898.08 <sup>(3)</sup>

(2) Listed under year in which written off; are losses from earnings of previous year.

Percentage of earnings uncollected:

1932 - 6.7%  
1933 - 10.5%  
1934 - 10.2%

(3) The net loss is entirely accounts receivable from 1934 which we have written off as uncollectable.



SOME PERTINENT FIGURES

	<u>1932</u>	<u>1933</u>	<u>1934</u>	<u>1935</u>
Per Capita Cost: (1)				
(a) All Patients	\$ 3.96	\$ 3.13	\$ 3.10	\$ 3.23
(b) Exclusive of newly borns	4.23	3.37	3.49	3.64
Cost Per Clinic Visit (2)	56¢	27¢	30.5¢	27.7¢
Prepared Meal Cost (3)	12.1¢	11.9¢	11.9¢	14.6¢
Average Days Stay:				
(a) All Patients	9.9	10.3	9.7	8.5
(b) Compensation	10.3	10.6	10.5	8.7
(c) Other Full Pay	8.5	8.9	8.3	7.3
(d) Part Pay Patients	11.9	11.0	9.7	6.9
(e) Free Patients	11.0	11.8	11.7	10.3
Operations	541	535	588	639
X-ray Pictures	520	589	512	560
Laboratory Tests	6,989	12,493	14,264	14,147
Prescriptions Filled	2,607	2,269	3,026	3,656
Emergency Room Treatments	673	665	1,204	1,357
Births	63	109	177	224
Hospital Deaths	45	48	49	49
Percent Post Mortems	60%	33.3%	51%	16.3%

(1) Determined by deducting cost of Clinic Emergency Room, Operating and Delivery Rooms, X-ray, Laboratory, Pharmacy; 50% of Social Service, Medical Records and Services; 20 % of Nursing; 10% of Administration; 5% of Maintenance and Repair, Insurance; 3% of Laundry, Housekeeping; 2% of Heat, Light and Power.

(2) Does not include free prescriptions, nor professional stipends.

(3) Exclusive of light, heat and fuel.



IMMEDIATE NEEDS

1. There is immediate need for the reopening of the School of Nursing.  
We will need to employ an Educational Director (\$1,800.00), who should be a person well prepared in institutional work, and a qualified instructor in Public Health Nursing (\$1,800.00). This person can do the necessary teaching as well as supervise the field work. The students will pay a fee sufficient to cover their books and educational equipment, but at least \$100 is needed for the nurses' library. Uniforms, laundry and additional upkeep of Nurses Home will cost approximately \$300.00. Additional food cost will amount to approximately \$1,000.00. These estimates are based on our taking fifteen students now. As we add students during the second and third years, the present graduate staff will gradually be reduced, thereby giving sufficient funds for annually conducting the School of Nursing for the above estimates which total \$5,000.00.
2. In order to be able to operate a recognized School of Nursing, we must meet the required daily average of 50 patients. Our daily average number of patients has been

1932	29.0
1933	31.9
1934	33.8
1935	35.3

Considering the normal increase, it would appear that we need to carry an average of thirteen more free beds. It has been a continuous and serious concern of ours that we have an average of more than fifty empty beds at all times, while hundreds of persons are in need of them. Our average per bed investment in land, buildings and equipment is approximately \$5,000.00. As long as these beds are unused, they represent an expensive investment, the upkeep of which



goes on constantly, but the service of which is unavailable, because the people who need them cannot pay the cost. It is estimated that thirteen additional free beds at \$2.00 per day, (two-thirds of our present cost, one-third allowance for overhead), would cost annually approximately \$10,000.00.

3. The Medical Staff has found that a Dental Clinic is absolutely essential. We have had a resolution from the staff requesting that this clinic be established. The Medical Advisory Board has concurred in this request. The necessary equipment installed will cost approximately \$1,000.00. The annual operating cost will be cared for out of fees collected.
4. The maternity service is growing, and now that we are gathering momentum in this service, we are reaching the point where there are greater demands upon our obstetrical service than we are able to meet with the present number of free beds allocated to this department. There are many cases of childbirth where it would be better for the mother to remain at home, particularly where there are other small children. When the mother leaves home to come to the hospital there frequently is no one to care properly for these children; but with the assistance of neighbors she could keep things pretty straight if she could remain at home instead of coming to the hospital.

In home delivery there is an economic advantage to the hospital. We can deliver babies at home a good deal cheaper than we can in the hospital. This service would enable us to use the space available in the hospital for abnormal cases, and for those cases which do not come from a home conducive to good hygiene and sanitation.



We estimate that home delivery service would increase our obstetrical service by about 200 cases per year. The nursing service could be handled by two nurses, one at night and one in the day. At the prevailing rate of pay for this type of nursing service these nurses could be secured for a total of \$1,560.00. The other home delivery services in New Orleans pay the physicians \$5.00 for each case. This charge is to cover the cost of transportation for visits during delivery and confinement. This service would cost approximately \$1,000.00.

We would need to provide automobile transportation for the nurses. A good used car could be bought for about \$500.00. Insurance, gasoline and upkeep on the car would cost approximately \$400.00. The total cost of delivering 200 babies would be \$3,460.00 the first year and approximately \$3,000.00 each year thereafter.

5. A number of departments in the hospital are greatly understaffed.
  - (A) One person at a salary of \$50.00 keeps all medical records for the hospital and clinic. In 1935 we had 1,525 hospital admissions and 21,084 clinic visits. On each of these cases it is necessary to keep certain information as required by better hospital and medical practice. Some of these records are always months behind. It would add greatly to the efficiency of our service to the staff with regard to proper and adequate records if we could add another person to the record room at \$30.00 per month, or an annual cost of \$360.00.
  - (B) One of the weakest spots in our organization is the admission of patients. The salary of a well qualified person to serve as admitting officer, to the hospital and clinic, would lead to a better understanding between the hospital and patient.



which in turn would add to our good will in the community; and at the same time would in all probability increase our collections. Our clinic collections are dwindling rapidly; our hospital collections are not satisfactory. An admitting officer could probably earn her salary through increased collections. A good person could probably be secured for \$60.00 per month, or \$720.00 per year.

6. We have a splendid opportunity to begin a Chest Clinic. There is available a young Negro physician who has had excellent training in Tuberculosis work. He is desirous of working here, and Dr. Lemann has agreed to supervise the clinic as a part of his department. This young Negro physician will need a small stipend (\$50.00 per month) until he can establish himself in New Orleans. We shall also need a small stipend (\$50.00 per month) for a Junior Consultant. These stipends together with the additional cost of X-ray and nursing service (\$300.00) will cost annually approximately \$1,500.00.
7. In order to develop one of the Negro physicians in each department to the point where he can become Chief of the department, it will be necessary to secure for him an opportunity to do at least one year's concentrated study in a medical center particularly recognized for work in his specialty. All the staff members for whom this additional preparation would be desirable are dependent entirely upon their practices for funds. A fellowship of \$1,200.00 per year for the next five years would enable us to better qualify men for the six major departments. One physician is studying on such a fellowship this year.
8. Our greatest need at present is to work out some plan whereby persons of small means, who wish to maintain their self-respect, can pay



the cost of hospitalization on some periodic payment plan. Our own experience with Group Hospitalization, plus the experience in many sections of the country, lead us to believe it to be greatly to the advantage of the low income group as well as to the hospital to operate plans whereby these people may cooperatively purchase their hospital care, and perhaps their complete medical care. Because of the operation in New Orleans of hundreds of benevolent societies which have partially attempted the group purchase of medical care, we believe that we have a very fertile field for the development of a cooperative plan which will be economically sound and mutually profitable to the membership and the hospital.

In order to reach the people who need most the benefits of such a plan, the rate would need to be very low; and in order to make the plan economically sound for the hospital, there would have to be a membership of several thousands. Until we can secure a large volume of membership, and until we are sure of the economics of the plan, based on our own experience, we will need outside funds for promotional expenses amounting to about \$2,500.00 per year in addition to a stabilization fund of approximately \$7,500.00 per year to protect any deficit incurred because of a small membership in the beginning - a total of \$10,000.00 the first year. This might be reduced by \$1,000.00 the second year and by an additional \$1,000.00 each year thereafter.



SUMMARY OF ADDITIONAL FUNDS NEEDED  
TO CARRY ON THE PROGRAM OF  
FLINT-GOODRIDGE HOSPITAL

<u>First Year</u>	
1. School of Nursing	\$ 5,000.00
2. Care of Free Patients	10,000.00
3. Equipment for Dental Clinic	1,000.00
4. Home Delivery Service	3,460.00
5. Additional Staff	1,080.00
6. Support of Chest Clinic	1,500.00
7. Fellowship to Staff Member for Study	1,200.00
8. For Development of Cooperative Plan for Purchase of Medical Service	10,000.00
	<u>\$ 33,240.00</u>
<u>Second Year</u>	30,700.00
<u>Third Year</u>	29,700.00
<u>Fourth Year</u>	28,700.00
<u>Fifth Year</u>	<u>27,700.00</u>
Total	<u><u>\$150,040.00</u></u>

A grant of \$150,000 for five years would enable Flint-Goodridge Hospital to use its personnel and plant to its capacity for personal and community service to the Negroes of New Orleans.